

**PATIENT**

Buppy Phillips

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Female

**AGE**

10 years

**WEIGHT**

16 pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**West Burleigh Animal  
Clinic**INVOICE**

10338ag

**DATE**

04/11/2022

**PRESENTING CLINICAL SIGNS**

History: Acute onset of abdominal distension and abdominal pain. Previous history of vaginal discharge a couple of months ago.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder presented subnormal in size owing to lack of urine distension. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Both ovaries exhibited mild nonhomogeneous to subjective mild cystic parenchyma. No overt evidence of significant ovarian pathology was observed. The left ovary measured 1.4 cm x 1.66 cm. The right ovary measured 1.40 cm x 1.62 cm. The uterus was sonographically unremarkable without evidence of fluid distension. The left uterine horn measured 0.26 cm in width. The right uterine horn measured 0.24 cm in width.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 0.44 cm width at the cranial pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A small cystic appearing nodule was present in the mid to caudal spleen measuring 0.40 cm in width. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma exhibited mildly coarse echotexture with intermittent small thinly walled intraparenchymal cysts. An example of a intraparenchymal cyst measured 0.29 cm. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild debris. The cystic and common bile ducts were normal.

**PATIENT**

Buppy Phillips

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Female

**AGE**

10 years

**WEIGHT**

16 pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**West Burleigh Animal  
Clinic**INVOICE**

10338ag

**DATE**

04/11/2022

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonspecific mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.47 cm in width. The jejunum wall measured 0.39 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly cystic ovaries, overtly normal uterus.
- Vacuolar hepatopathy pattern with intermittent small intraparenchymal cysts.
- Mild gallbladder debris-(non-mucocele).
- Solitary small cystic appearing splenic nodule-subjectively benign.
- Chronic pancreatitis pattern.
- Mild gastric ingesta, potential mild enteritis.

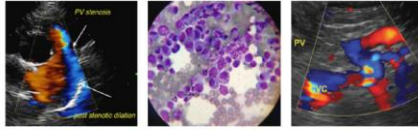
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential abdominal discomfort may be associated with the pancreas if primarily in the area of the subxiphoid or cranial abdomen. No evidence of active pyometra was present although depending on last estrus, potential for resolved mild to open pyometra cannot be definitively excluded given the previous history of vaginal discharge. The presence of gastric ingesta may indicate post prandial presentation, however if documented NPO some degree of metabolic gastric stasis could be present potentially owing to mild GI inflammation. Correlation with presence or absence of recent GI signs is suggested.

Sonographic reassessment is recommended if persistent/progressive evidence of abdominal distension, pain or recurrence of vaginal discharge.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Buppy Phillips

SPECIES

Canine

BREED

Dachshund

SEX

Female

AGE

10 years

WEIGHT

16 pounds

INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

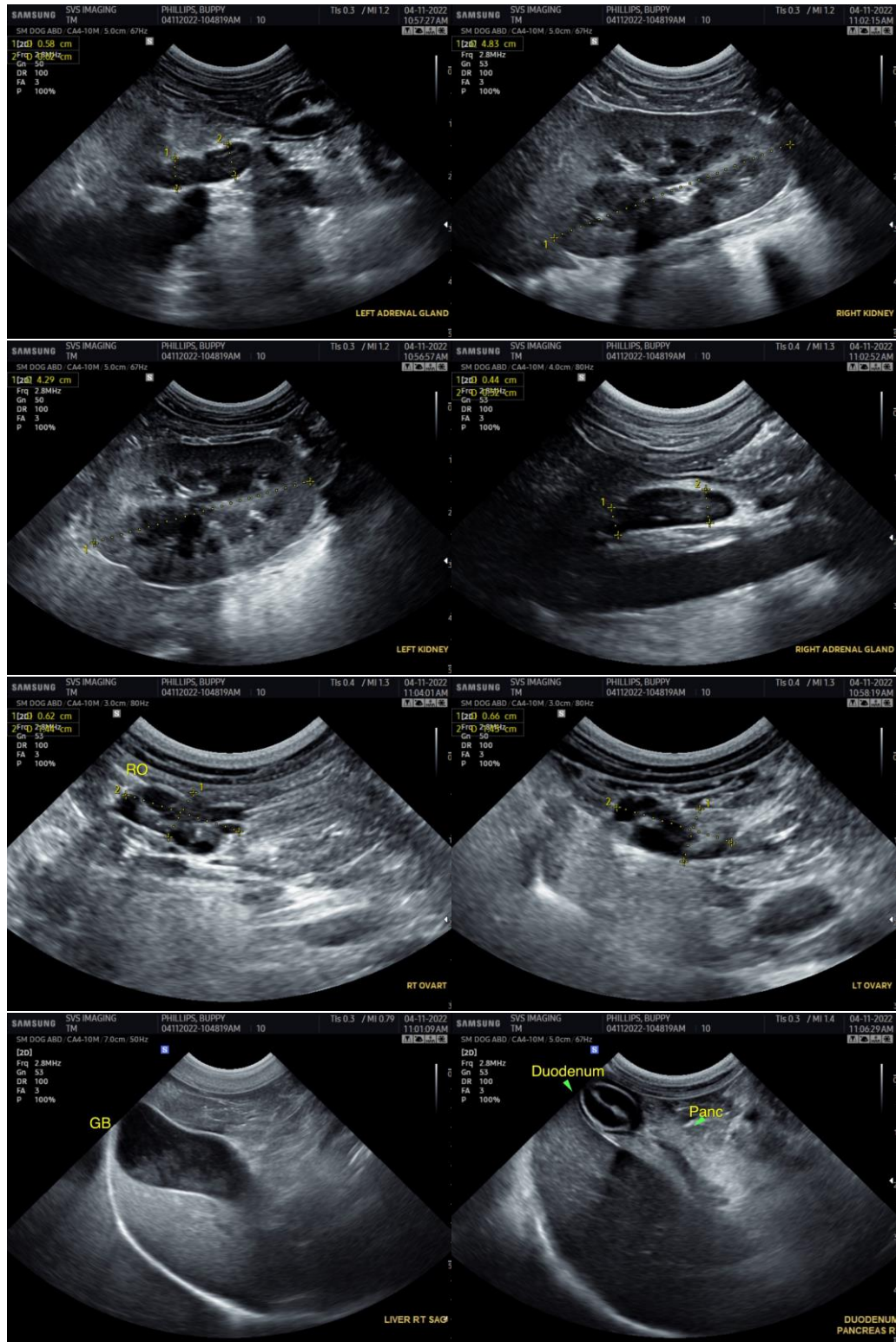
West Burleigh Animal  
Clinic

INVOICE

10338ag

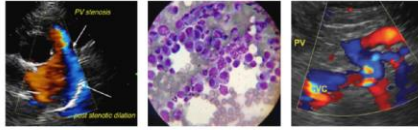
DATE

04/11/2022



**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**Clinical Sonography & Telecytology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Buppy Phillips

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

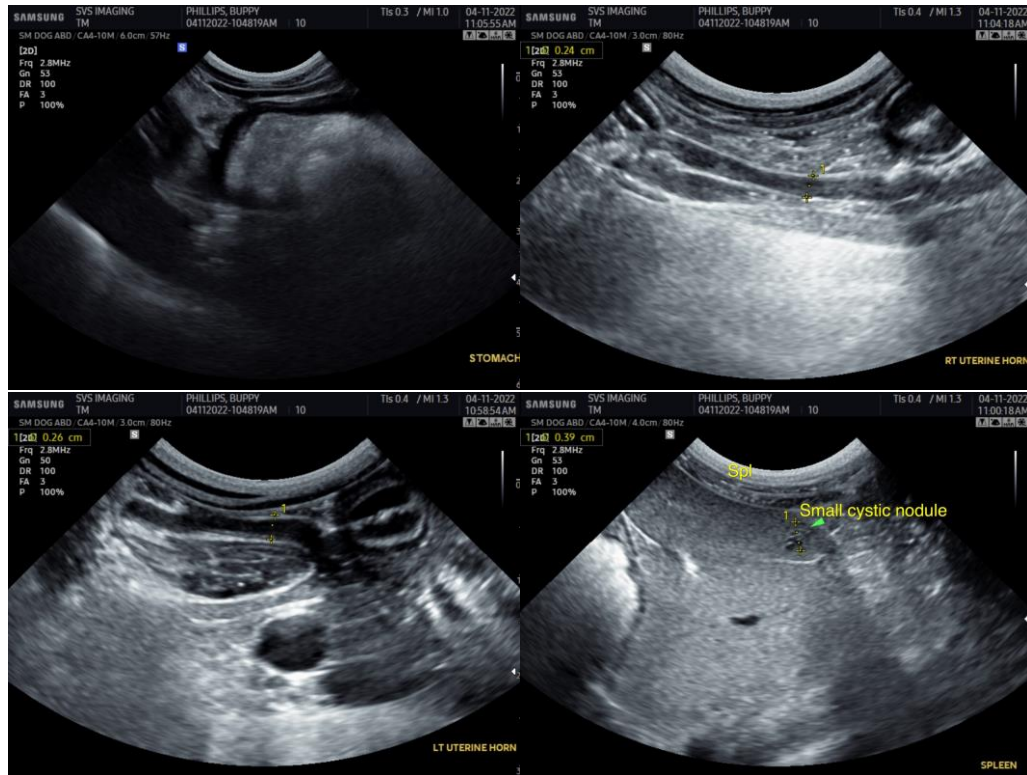
Female

**AGE**

10 years

**WEIGHT**

16 pounds



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

West Burleigh Animal  
Clinic

**INVOICE**

10338ag

**DATE**

04/11/2022

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com